

N311 Care Plan #2

Lakeview College of Nursing

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Demographics (5 points)

Date of Admission 10/1/19	Patient Initials D.F.	Age 2/12/1940	Gender Male
Race/Ethnicity White/Caucasian	Occupation Not employed	Marital Status Widowed	Allergies Sulfa antibiotics (hives rxn)
Code Status DNAR	Height 6'0"	Weight 180 lbs	

Medical History (5 Points)

Past Medical History: Arthritis, closed fx of right olecranon process, depression, hypertension, kidney stones, Parkinson’s disease

Past Surgical History: Vasectomy, hemorrhoid surgery, colonoscopy, intracapsular cataract extraction

Family History: N/A

Social History (tobacco/alcohol/drugs): Pt reports he has never smoked or used smokeless tobacco. He reports that he drinks alcohol occasionally and he does not use drugs.

Admission Assessment

Chief Complaint (2 points): Debility

History of present Illness (10 points): David is a 79 y/o male who presented to OSF for elective open reduction & internal fixation of his rt olecranon fx. Onset: 1 week and 2 days ago pt missed a step at Texas Roadhouse & fell on his rt hip & rt elbow. Location: right arm and elbow pain with some pain to hip. Duration: 1 week and 2 days. Characteristics: throbbing, dull pain.

Aggravating: hurts with movement. Relieving: nothing has been done. Treatment: comfort fx with proper splint, ice, elevation and rest. Initial plan was to discharge the pt postoperatively, but the discharge was complicated by pt’s debility from poor Parkinson’s control. He needed 3 nursing staff to help him get to the toilet. Pt’s postoperative pain is better controlled w/current

medication. Pt's daughter states he was stuck on toilet for 2x at home, they're having difficulties w/his day-to-day activities.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Open reduction & internal fixation of rt. olecranon fx.

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

The pt fractured his olecranon process, which is the outer bump of the elbow and fits into the fossa of the humerus bone when the arm is extended. An Open Reduction and Internal Fixation (ORIF) is a type of surgery used to stabilize and heal the fractured bone (Elbow Fracture Open Reduction and Internal Fixation, 2019). This is the type of surgery the pt underwent as a treatment to heal his broken bone with a surgical insertion of hardware (as identified in the diagnostic x-ray result). Olecranon process fractures are relatively common fractures of the upper limb. The olecranon is the site of insertion for the triceps muscles. The fracture occurs typically when there is indirect trauma, for example, when a patient falls on an outstretched arm, resulting in the sudden pull of the triceps and brachialis muscle (Bath, 2018). The patient fell outside of the restaurant and tried to brace his fall by extending his right arm, but ended up injuring and fracturing his olecranon process which compromises his elbow. Symptoms that occur with fractures include pain, reddening, deformity, crepitus, joint instability and stiffness, paresthesias, tenderness and decreased ROM (Bath, 2018). The patient complained of and experienced much pain, stiffness, tenderness and decreased range of motion. An X-ray was completed to identify the fracture on the pt's right arm where he had his injury. X-rays are used

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to identify fractures, dislocations, tissue derangement, or bony abnormalities after a traumatic event (Bath, 2018). Patients presenting with acute trauma should be assessed for ABCDE's (airway, breathing, circulation and hemorrhage control, disability/neurological status, exposure and environment control) to determine any causes of concern. Healing of a fracture usually occurs within a period of a few weeks. Splints are used to stabilize the bone to allow for proper healing. In the case of this patient, he was placed in a long arm splint. There are activity limitations that should be followed right after the injury (2 days or fewer) to control spasm and edema. Pharmacological and nonpharmacological therapies should be used for symptom management. Pharmacological agents include nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen as the first line choice. Nonpharmacological therapies include physical therapy and occupational therapy, both of which were prescribed to the pt for his treatment plan.

Pathophysiology References (2) (APA):

Bath, M. B. (2018). Olecranon Fractures - Pathophysiology - Management - TeachMeSurgery.

Retrieved October 16, 2019, from

<https://teachmesurgery.com/orthopaedic/elbow/olecranon-fracture/>

Elbow Fracture Open Reduction and Internal Fixation. (2019). Retrieved October 16, 2019, from

<https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/elbow-fracture-open-reduction-and-internal-fixation>.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.10 - 5.70	(No testing done)	* Unable to obtain	(No testing done for RBC)
Hgb	12.0 – 18.0	13.6	*	
Hct	37.0 – 51.0%	40.1%	*	
Platelets	140-400	283	*	
WBC	4.00 – 11.00	12.10 ↑	*	The pt's WBC is increased because of his fx. Body's normal inflammatory response to injury of tissue and bone (Pagana, 2019).
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136 - 145	138	*Unabl e to obtain	
K+	3.5 – 5.1	4.0	*	
Cl-	98 - 107	106	*	
CO2	21.0 – 32.0	24	*	
Glucose	60-99	120 ↑	*	His glucose is high because he has type II diabetes (Pagana, 2019).

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BUN	7-18	22	*	
Creatinine	0.70-1.30	0.92	*	
Albumin	3.4-5.0	None on file	*	
Calcium	8.5-10.1	None on file	*	
Mag	1.6-2.6	None on file	*	
Phosphate				
Bilirubin				
Alk Phos				

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity				**No Urine culture completed for this pt.**
pH				
Specific Gravity				
Glucose				
Protein				
Ketones				
WBC				
RBC				
Leukoesterase				

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture				**No cultures completed for this pt.**
Blood Culture				
Sputum Culture				
Stool Culture				

Lab Correlations Reference (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2019). Mosbys diagnostic and laboratory test reference. St. Louis, MO: Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

XR Elbow Limited Study 2 Views Right :

Findings: “Metallic hardware seen in the rt proximal ulna.”

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/ Generic	Comtan/ entacapone	FLUoxetine PROzac	Lestril/ Lisinopril	Metoprolol Succinate/To prol-XL	Polyethylene glycol/Glyc olax, Miralax
Dose	200 mg	20 mg caps	30 mg	50 mg	17 g-1 packet

Frequency	Morning, afternoon, evening – take 3x a day per home routine	Daily, every morning	Daily, every morning	Daily, every morning	Take 1 packet daily PRN
Route	P.O. (by mouth)	P.O.	P.O.	P.O.	P.O.
Classification	Antidyskinetic	Antidepressant, antibulimic, antiobsessive-compulsive, antipanic	Antihypertensive, vasodilator	Antianginal, antihypertensive, MI prophylaxis and treatment	Laxative
Mechanism of Action	Inhibits peripheral catechol-O-methyl-transferase (COMT), the major metabolizing enzyme for levodopa.	Selectively inhibits reuptake of the neurotransmitter serotonin by CNS neurons and increases the amount of serotonin available in nerve synapses.	May reduce BP by inhibiting conversion of angiotensin I to angiotensin II.	Inhibits stimulation of beta-receptor sites, located mainly in the heart, resulting in decreased cardiac excitability, cardiac output, and myocardial oxygen demand.	Functions as an osmotic agent, causing excess water to be retained in the stool, stimulating a bowel movement
Reason Client Taking	For Parkinson’s	For urination	For blood pressure control	For heart rate control	For constipation
Contraindications (2)	Hypersensitivity to entacapone or its components; use within 14 days of nonselective MAO inhibitor therapy	Concurrent therapy with pimozide or thioridazine ; hypersensitivity to fluoxetine	Concurrent aliskiren use in patients with diabetes or patients with renal impairment (GFR less than 60 ml.min);	Acute heart failure; cardiogenic shock	Known or suspected bowel obstruction ; hypersensitivity to polyethylene glycol

			other ACE inhibitors		
Side Effects/ Adverse Reactions (2)	Orthostatic hypotension, dry mouth	Arrhythmias, decreased or increased libido	Blurred vision, ataxia	Angina, arrhythmias	Nausea, abdominal bloating

Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. <http://www.ismp.org/>.

Jones & Bartlett Learning. (2019). 2019 Nurse’s Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and oriented to time, place, and person x3 No distress Well-groomed and appropriately dressed
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Pink Dry/Normal Warm Normal turgor 2+ None None None 20
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head and neck symmetrical, normal cephalic Patient’s ears are free of discharge, negative hearing loss, eyes symmetrical EOM, nose symmetry, no deviation, teeth well-groomed.
CARDIOVASCULAR: Heart sounds:	Heart sounds normal S1 and S2, no murmurs, gallops, or rubs detected in S3 and S4.

<p>S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Capillary refill is less than 3 seconds. Peripheral pulses 2+ symmetric. No neck vein distention No sign of edema</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations are regular, even and nonlabored, symmetrical, no wheezes or crackles noted.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Normal diet, no restrictions 6'0" 180 lbs Bowel sounds are normoactive in all 4 quadrants 8:30 pm No CVA tenderness No abnormalities found upon inspection for distention, incision, scars, drains, or wounds.</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Yellow Not cloudy but clear 150 mL</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices:</p>	<p>Normal ROM Strength in both upper and lower extremities</p>

<p>Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>None</p> <p>n/a</p> <p>Walks independently, however uses gait belt with assistance for safety with fx</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input checked="" type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Cognitive of space, time, and location Articulative speech Mature and cognitive Alert No gross focal neurological deficits</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Family: daughter Mature Christian Daughter helps to support dad with activities of daily living</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0945	65	167/68	16	98.0 F	94%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0935	Numeric 0-10	Rt. arm	6/10	Throbbing, aching	Long arm splint

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
240 mL (P.O.)	150 mL (urine)

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
<p>1. Immobility: physical, impaired</p>	<p>Related to olecranon fx of right arm, as evidenced by: pt stating, “I have so much pain in my right arm.”</p>	<p>1.Covering & protecting splint when showering</p> <p>2.Started with t-shirt on affected side when dressing and undressing pt</p>	<ul style="list-style-type: none"> Patient tolerated the treatments well. He was in no apparent distress. He was appreciative of the considerations.
<p>2. Pain, acute</p>	<p>Related to olecranon fx of right arm, as evidenced by: pt mentioning his pain was 6/10.</p>	<p>1. Give pt pain medication round the clock</p> <p>2.Exercise with body to promote blood flow to affected arm. Goal of less than 3 seconds cap refill after exercise is incorporated</p>	<ul style="list-style-type: none"> Patient tolerated the plan well. He responded well to pain management with the use of medications and was compliant with his physical therapy and occupational therapy rehab. Pt’s cap refill was less than 3 seconds after

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			exercise.
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Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient states, "I fell at Texas Roadhouse when I was with my daughter and I landed on my left hip and left elbow. I was in much pain when it happened. My pain is a 6/10."

Nursing Diagnosis/Outcomes

Immobility: physical, impaired related to olecranon fx of right arm, as evidenced by: pt stating, "I have so much pain in my right arm." Interventions include: Covering & protecting splint when showering, starting with t-shirt on affected side when dressing and undressing. Outcomes: patient tolerated the treatments well. He was in no apparent distress. He was appreciative of the considerations.

Pain: acute, related to olecranon fx of right arm, as evidenced by: pt mentioning his pain in his arm was 6/10. Interventions include: giving pt pain medication round the clock, exercise with body to promote blood flow to affected arm. Goal of less than 3 seconds cap refill after exercise is incorporated. Outcomes: Patient tolerated the plan well. He responded well to pain management with the use of medications and was compliant with his physical therapy and occupational therapy rehab. Pt's cap refill was less than 3 seconds after exercise.

Objective Data

Client's chief complaint is Debility. He is diagnosed with an Open Reduction & Internal Fixation (ORIF) of right olecranon fracture.

Vitals:
BP: 167/68
RR: 16
Temp: 98.0 F
SpO2%: 94 %
Pulse: 65

Patient Information

79 y/o white male lives alone.
Daughter helps dad when she is available and he is in need. Pt is being seen for rehabilitation from his olecranon fracture.

Nursing Interventions

Client was given medications to control his current medical conditions along with Tylenol for pain relief every 4 hours PRN. Physical deconditioning was completed through physical therapy and occupational therapy on a regular schedule so pt may have improved blood flow to affected site to allow for proper healing of tissue and bone structure.

Client will also rest, ice, and elevate splinted arm when he is resting to allow for proper regeneration of bone and tissue.

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